



State of Maryland

Advisory Council on Mental Hygiene/Planning Council

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary, DHMH

MARYLAND ADVISORY COUNCIL ON MENTAL HYGIENE/ PL 102-321 PLANNING COUNCIL

Minutes

April 17, 2012

Maryland Advisory Council Members: M. Sue Diehl, Chair; Mike Finkle, Livia Pazourek, Robert M. Pender, Vice-Chair; Charles Reifsnider, Anita Solomon

Maryland Advisory Council Members Absent: Richard Blair, Jaimi L. Brown, Michele Forzley, Joshana Goga, Edwin C. Oliver, John Scharf, Anthony Swetz, Jr., Robert Turner, Sherrie Wilcox

Individuals highlighted as such are resigned members who have not yet been replaced.

PL 102-321 Council Members Present: Carol Allenza, T.E. Arthur, Gerald Beemer, Naomi Booker, Kate Farinholt, Duane Felix for William Manahan, Victor Henderson, Michael Ito, George Lipman, Steven Kinney for Tracee Bryant, Dan Martin, Joanne Meekins, Sarah Rhine, Kathleen Ward, Phoenix Woody

PL 102-321 Council Members Absent: Lynn Albizo, Sarah Burns, Coordinator; Peter Cohen, Chicquita Crawford, Herb Cromwell, Catherine Drake, R. Terence Farrell, Vira Froehlinger, A. Scott Gibson, Gerri Gray, Diane Herr, Julie Jerscheid, Cindy Kauffman, Michael Lang, Sharon Lipford, Coordinator; Cynthia Petion, Jacqueline Powell, Linda Raines, Sheryl Sparer, Jane Walker

MHA Staff Present: Brian Hepburn, Robin Poponne, Tom Merrick, Iris Reeves, Carole Frank, Greta Carter

Guests and Others: Tricia Powell, Dennis McDowell, John Turner, Dorchester Hospital; John Coppola, Healthy Transitions Initiative

c/o Mental Hygiene Administration

Spring Grove Hospital Center – 55 Wade Avenue – Dix Building – Catonsville MD 21228 – (410) 402-8473
TDD for Disabled – Maryland Relay Service (800) 735-2258

Healthy People in Healthy Communities

INTRODUCTIONS/ADOPTION OF MINUTES:

The meeting was called to order by Council Chair, Sue Diehl. Attendees introduced themselves and the draft minutes of the March 20, 2012 meeting were approved. Please note that the approved minutes will be posted on the Mental Hygiene Administration's (MHA) Web site www.dhmfh.maryland.gov/mha. The Maryland Advisory Council on Mental Hygiene's link is listed under "Resources".

ANNOUNCEMENTS:

- Maryland's Stakeholders' Meeting to develop the FY 2013 State Mental Health Plan will be held at Temple Oheb Shalom in Baltimore City on April 27, 2012 from 9:30 to 2:30. If you have not yet had an opportunity to register, please see Greta Carter, MHA Office of Planning and Training, for a registration form or contact her at gcarte@dhmfh.state.md.us or call 410-402-8473.
- The Mental Hygiene Administration conference will take place at Martin's West in Baltimore County on May 2nd. For more information, please contact Carole Frank at frankc@dhmfh.state.md.us or visit MHA's Web site/training.
- On Our Own of Maryland's 20th Annual Statewide Consumer Conference will take place June 7-8 at Rocky Gap Lodge in Flintstone MD. The theme is "The Tao (Chinese word for way or path) of Possibilities". The keynote address will be given by Mary Blake from SAMHSA. Mental health consumers are invited to submit their personal stories of recovery by May 18th. For more information please call 410-646-0262, 1-800-704-0262, or email: oomd@earthlink.net.
- NAMI WALKS will take place this year, once again, as a two-part event. On May 6th in Silver Spring and on May 19th at the Inner Harbor. For additional information, please contact: Karin Hack, NAMI Maryland at 410-884-8691 or email khack@namimd.org.

THE DIRECTOR'S REPORT:

MHA's Executive Director, Brian Hepburn, M.D., provided the following Director's Report:

- Dr. Hepburn commended the Council for all of its efforts throughout the year on behalf of MHA. Many members drive long distances to participate and Dr. Hepburn thanked everyone for their volunteerism and support of the Administration.

Budget/Behavioral Health Integration:

- Dr. Hepburn expressed optimism in hopes that the Legislature will hold a special session to avoid passage of the Governor's "Doomsday" budget which may hold more cuts. There will be more details at the next meeting.

- The end of March will mark the 2nd anniversary of the passage of the Affordable Care Act. Regardless of the results of the Supreme Court case against this legislation, Maryland will move forward toward behavioral health integrated care. Dr. Hepburn gave a brief history of major changes that took place in the system in the mid 1990s when MHA adopted the 1115 waiver carve-out of mental health services which established the current fee for service (FFS) Public Mental Health System (PMHS). As the system is about to once again undergo significant changes, this is an opportunity to look at the strengths of the present system and examine ways to maintain, increase, and enhance those elements.
- DHMH is looking into options by which integrated care will be implemented and the upcoming workgroups that will be forming to give input into Maryland's process of moving to a model of behavioral health integration. Some of these updates are posted on DHMH's Web site. There are differences between the three models of integrated care that are currently being considered by DHMH. Dr. Hepburn engaged Council members in discussion on the three options. Some members wondered how to implement option three - which would provide for a separate carve-out of service delivery for individuals with severe mental illness or in need of specialty mental health services - without including stigmatizing characteristics. Dr. Hepburn said that an ideal public health model will balance services and good outcomes across the spectrum of early intervention, prevention, and severe illness management.

Regardless of the chosen model, current efforts of the Public Mental Health System (PMHS) that members felt needed to be maintained included:

- The need for school-based services and community wellness centers
- Increased communication between the behavioral health community and somatic providers
- Continued decrease in disparities – cultural and lifespan related
- Workforce development – increase number of young employees
- Technology – exploring which communication formats work well within each age group
- Continued efforts toward full parity
- Protection of effective initiatives and their availability system-wide such as court diversion/re-entry, case management, etc.

Dr. Hepburn encouraged all to remain informed and involved, particularly through the workgroups. These groups will give input toward the choosing of a behavioral integration model for the state. Joint Council members are encouraged to give input, join the larger stakeholder meetings, and/or join workgroups. All are invited to stay up-to-date regarding Maryland's behavioral health integration efforts at [www.http://dhmh.maryland.gov/bhd/SitePages/integrationefforts.aspx](http://dhmh.maryland.gov/bhd/SitePages/integrationefforts.aspx).

To enhance future Director Report highlights, Dr. Hepburn encourages members to submit questions on topics of interest to Cynthia Petion at cpetion@dhmh.state.md.us.

THE 2012 LEGISLATIVE SESSION - LEGISLATIVE REVIEW – Final updates

MHAMD and CBH provided lists of action on proposed legislation related to mental health. (See Attachments #1 and 2.) Dan Martin, MHAMD, led discussions focused on final status of the following pertinent bills which were among many that passed:

- Managed care organizations' report of medical loss ratio information
- Task force to study access of individuals with mental illness to regulated firearms
- Maryland Health Improvement and Disparities Reduction Act implementing the Governor's Health Enterprise Zone
- Maryland Health Benefit Exchange Act
- Mental health support services for state personnel exposed to traumatic events
- Tuition waiver for individuals with disabilities for continuing education
- Arrearages to child support not to accrue while obligor is incarcerated
- Multicultural Health Care Equity Certification and Accreditation – Work Group
- MHCC required to work with payors and providers to meet pre-authorization benchmarks
- Mortality and Quality Review Committee continued. Among duties – studies deaths in mental health programs
- Insurers and Medicaid required to cover and reimburse for health care services delivered via telemedicine
- Community Bond bill for capital projects for mental health, developmental disabilities, and addictions
- Tax credits for employers who hire people with disabilities

For further details, please visit CBH's Web site, www.mdcbh.org. Additional listings and information are available through NAMI's Web site, www.NAMI.org (click on advocacy and bills), through the Mental Health Association of Maryland's Web site, <http://www.mhamd.org>

COUNCIL BUSINESS:

Sue Diehl announced the members of the Nominating Committee. Mike Finkle, Chair; Anita Solomon; T.E. Arthur; Carol Allenza; and Terry Farrell volunteered to serve on the Nominating Committee of the Council, The Committee will coordinate the slate of officers for FY 2013-14 and present the slate at the May meeting.

PRESENTATION: - Healthy Transitions Initiative (HTI) – Maryland’s grant-funded transition-age youth initiative – John Coppola, Healthy Transitions Initiative Director

HTI is a five-year funded federal grant from SAMHSA and administered through MHA. Maryland is one of seven states across the nation to receive this grant. The pilot project has been implemented for 2 ½ years in Washington and Frederick counties. At least 67 individuals are served per year across both counties. Way Station/Turning Point operates both projects.

This program utilizes the principles and practices of person centered care and the evidence-supported Transition to Independence Process (TIP) to provide developmentally appropriate, non-stigmatizing, and culturally-competent services and supports for transition age youth (TAY) ages 16-25. The program assists TAY in the PMHS to enhance community life functioning, personal effectiveness, and well-being through concentrating on focused steps in the area of education, employment, and individual living situation. Since the program began there have been noted increases in outcomes in the areas of education, employment, and housing. Also, there has been a decrease in involvement in the juvenile justice/criminal system.

Mr. Coppola showed a video in which youth and family members discussed goals, barriers, and supports through the program. This program has almost been as much a resource for parents as for the youth.

The program uses many resources and partners throughout the PMHS such as: Leadership Empowerment and Advocacy Project (LEAP), Assertive Community Treatment (ACT) Teams, Core Service Agencies (CSAs), Wellness Recovery Action Plan (WRAP), and Youth Motivating Others through Voices of Experience (Youth MOVE). Additionally, it utilizes the efforts of providers, child service agencies, and advocacy organizations such as Maryland Coalition of Families for Children’s Mental Health (MCF) and National Alliance on Mental Illness-Maryland (NAMI-MD).

The meeting was adjourned.

Please note, the Agenda for the June 19th Council meeting will be posted on the Advisory’s Council’s web page, under the resources section, on MHA’s Web site
www.dhmdh.maryland.gov/mha.